



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received

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RCS/Public Disclosure

HOME / PROVIDER TIFFANY PARK AFH	LICENSE NUMBER 522200
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NOTE: The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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About the Home	
1. PROVIDERS STATEMENT (OPTIONAL) The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.	
2. INITIAL LICENSING DATE 06/15/2000	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 12653 SE 162nd ST Renton WA 98058
4. SAME ADDRESS PREVIOUSLY LICENSED AS: Tiffany Park AFH	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

If needed, the home may provide assistance with eating as follows: *Supervision, set-up, Monitor swallowing difficulties. Cut small pieces, fixed ethnic, patterned food*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *Transfer on/off toilet, cleans, changes incontinence pads, manage ostomy or catheter, adjust clothes*
3. WALKING *measure amount of input/output. Encourage toileting every 2 hours.*

If needed, the home may provide assistance with walking as follows: *walking with the client for safety, work with PT, OT to improve strenght.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *Transfer slowly to prevent drop of blood pressure. Transfer in-out of the bed, of the incliner, wheelchair, bedside commode or shower bench, lift legs*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *using hooyer lift to position position in the incliner, upright 90° to prevent creaking, on the wheelchair, or bed,*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *Help with brushing teeth, shaving, applying make-up, washing/drying face, hands or nail care. comb hair. Clean glasses.*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *we provide help dress, undress, buttons, zippers, adjust clothing shoes.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *Full body-shower, sponge bath, shampoo client's hair, transfer in-out of the shower, Protect eyes when shower.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is: *Any medication ^{needed} prescribed by MD, including OTC meds. ~~needs to be by MDs prescribed~~*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Provider is LPN, manage injection like insulin.

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

Catheter, insulin injections, Monitor Blood Sugar, O2 therapy

The home has the ability to provide the following skilled nursing services by delegation:

Medication administration

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- The provider lives in the home.
- A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- Registered nurse, days and times: _____
- Licensed practical nurse, days and times: *every day during daytime*
- Certified nursing assistant or long term care workers, days and times: *every day and night*
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

We can accommodate any client, we work close with the family to make sure the client feels like home.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

The home is a private pay facility and does not accept Medicaid payments.

The home will accept Medicaid payments under the following conditions:

If the client is willing to share a room with another client.

ADDITIONAL COMMENTS REGARDING MEDICAID

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

Portable librerie (books on wheels), TV, magazines, play cards.

ADDITIONAL COMMENTS REGARDING ACTIVITIES